

Horizons

HHealth **O**ut**R**each **I**nformation **Z**eroing in **O**n **N**eeds



REPORTS
RA
448
.4
H67
2000

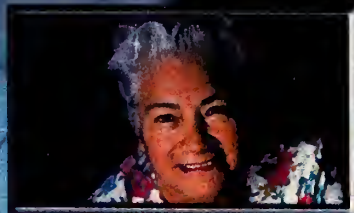
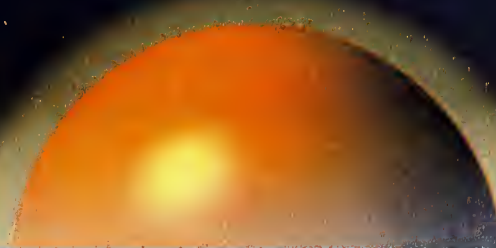
COMPENDIUM OF DEMOGRAPHIC DATA

August 7-9, 2000 ▼ New York, New York

RA
448.4
1467
2000

CUTTING EDGE
COMMUNICATIONS, INC.

Targeting Hispanic Medicare Beneficiaries



HCFEA
Health Care Financing Administration

CUTTING
EDGE
COMMUNICATIONS, INC.

Cutting Edge Communications, Inc., is a San Antonio, Texas-based full-service advertising agency specializing in communication to the general and Latino market. The woman and Hispanic-owned firm is HCFA's HORIZON Project contractor for the Hispanic population. Following are highlights from our Targeted Demographic Report:

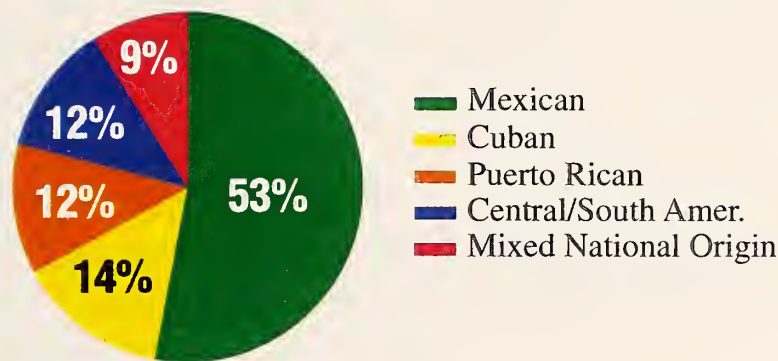
Demographic Overview

National Origin

The U.S. Census Bureau defines the Hispanic population as consisting of Mexicans, Puerto Ricans, Central Americans and others of Hispanic origin. Hispanic “national origin” groups have different histories but, in general, share the Spanish language and many cultural features and beliefs. Examining data from the Current Population Survey, we find that among older Hispanics (ages 60 and older) in the United States, the majority (53 percent) are of Mexican descent, 14 percent of Cuban descent, 12 percent of Puerto Rican descent, 12 percent of Central or South American descent, and 9 percent of other or mixed national origin descent.

HISPANIC NATIONAL ORIGIN GROUPS

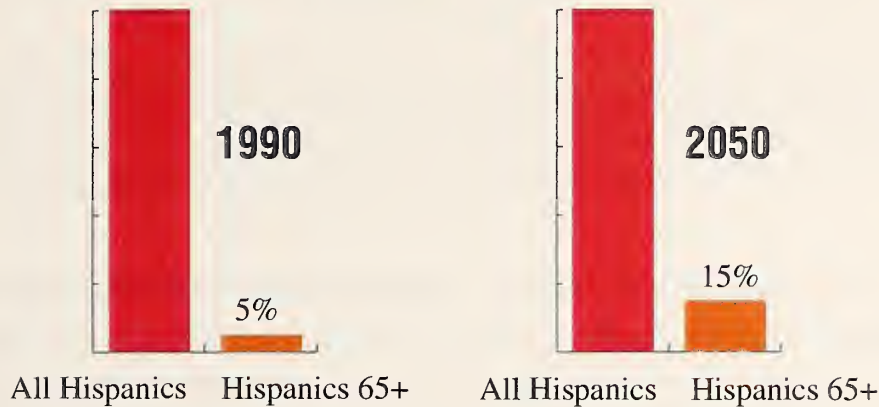
60 years old and older
in the U.S.



Population

In 1990 there were one million Hispanic Americans age 65 or older, comprising five percent of all Hispanic Americans and less than three percent of all elderly Americans. The population of Hispanic elderly has increased by 150 percent since 1970; a rate three times that of the increase in the older Anglo population. Moreover, it is estimated that by the year 2050, the number of Hispanic elderly could reach twelve million persons, representing 15 percent of all Hispanic Americans.

PERCENTAGE OF HISPANIC POPULATION AGE 65 AND OLDER



Age

Hispanic elders generally tend to be younger than Anglo seniors. About 63 percent of Hispanic elders report being 65 to 74 years, compared to 54 percent of Anglo elders. About 10 percent of Anglo seniors report being 85 years or older, whereas only about six percent of Hispanic elders have reached these ages.

Factors in Program Participation and Dependency

Many factors affect whether seniors require special services, participate in various programs, and the types and amount of support seniors have access to in their communities. Some of these important factors include:

- **Income** – Median incomes for Hispanic elders are significantly lower than for Anglo (Non-Hispanic white) elders, for both men and women. About a quarter (26 percent) of Hispanic elders report annual family incomes under \$10,000 – a rate double that found among Non-Hispanic White seniors (12 percent).
- **Labor Force Participation** – Hispanic elders move out of the workforce rapidly as they age. Among Hispanic elders age 60-64 years, 54 percent are not in the labor force but among the cohorts of elders age 65-75 and age 75-84 years, 81 percent and 93 percent, respectively, are not in the active labor force.

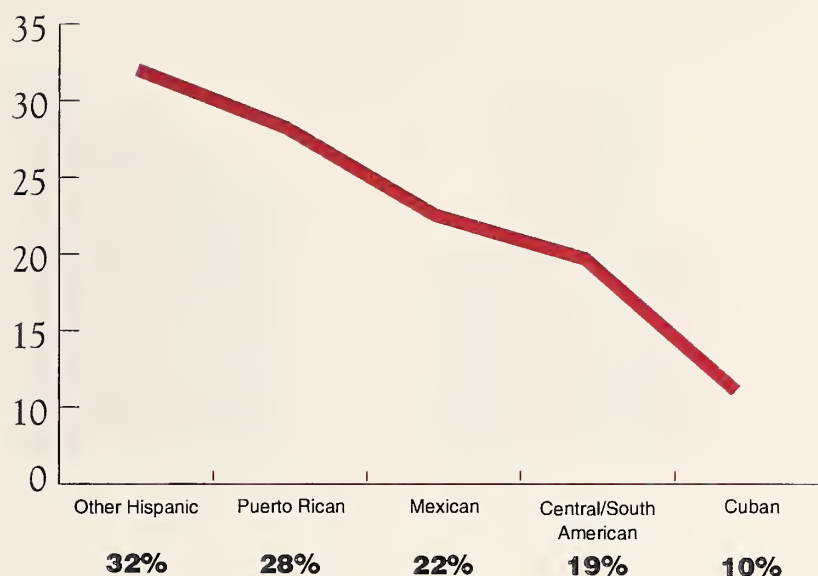
- **Economic Dependency** – Poverty among elderly Hispanics is also due to work history of high levels of unemployment and low wage jobs. Despite the high level of poverty, few Hispanic elders receive public assistance or welfare benefits. Close residential proximity among members of Hispanic families is due in part to poverty and low wage jobs.
- **Education** – Elderly Hispanics are the most educationally-deprived of all elderly groups. The proportion of Hispanic elderly with no formal schooling is about 9.8 percent, while the rate for Non-Hispanic White elderly is about 0.5 percent.
- **Household Status and Living Arrangements** – Living with a spouse is among the primary factors contributing to the support and independence of seniors. Hispanic and Non-Hispanic White elders (65 years and older) are about equally likely to be married. About 54 percent of Hispanics and 59 percent of Non-Hispanic Whites report being married. But about 11 percent of Hispanics report being divorced or separated, compared to seven percent of Non-Hispanic White seniors.

Disabled

Estimates from the Current Population Survey suggest that Hispanic and Anglo seniors experience similar levels of disability. About 22 percent of Hispanics and 23 percent of Anglo seniors report a disability. Similar rates of disability income are also reported by both groups at around one percent. Among the oldest population of elderly, 10 percent of Hispanics and 23 percent of Whites are institutionalized.

Reported disability varies by national origin group as follows: Other Hispanics 32 percent, Puerto Rican 28 percent, Mexican 22 percent, Central/South American 19 percent, and Cuban 10 percent. But reported levels of disability appear similar across Hispanic age cohorts: 21 percent age 60-64, 19 percent age 65-74, and 26 percent age 75-84.

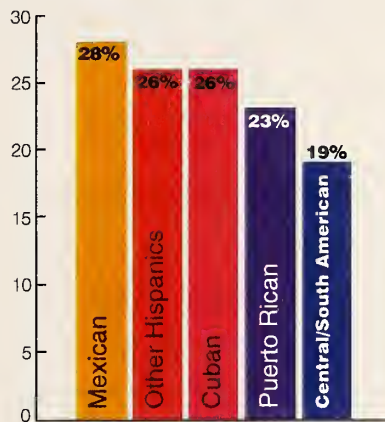
REPORTED DISABILITY BY NATIONAL ORIGIN GROUP



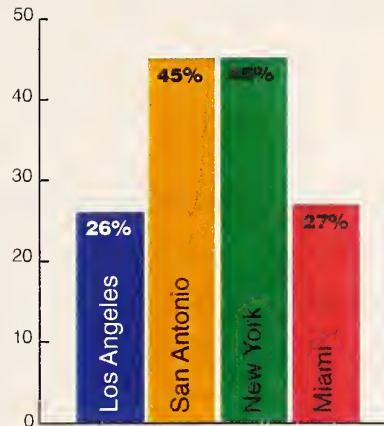
Medicare/Medicaid Program Participation

Among Hispanics age 65 years and older, we find several patterns of program participation in the Medicare and Medicaid programs. For example, the proportion reporting that they do not participate in either Medicaid or Medicare by national origin group is as follows: 24 percent of Central/South Americans, 13 percent of Mexicans, nine percent of Other Hispanics, eight percent Puerto Rican and seven percent of Cubans. Geographic differences also appear in those who do not participate in either program: Los Angeles at 23 percent, New York at four percent, and Miami at eight percent. In San Antonio, however, all seniors appear to participate in one or both programs.

Seniors that report coverage by both Medicare and Medicaid by National Origin group.



Seniors that report coverage by both Medicare and Medicaid by Geographical distance.



Reliability

The vast majority of Hispanic elders rely solely on the Medicare program for assistance in financing and arranging their medical care. For example, among national origin groups: Puerto Rican 69 percent, Cuban 67 percent, Other Hispanics 65 percent, Mexican 59 percent, and 57 percent of Central/South Americans rely on Medicare assistance. **So, communicating how best to use the opportunities Medicare provides in financing and arranging for high quality care plays a critical role in meeting the health care needs of Hispanic elders. Medicare provides a means of reducing the health disparities Hispanic elders identify when they rate their health.**

Media Preferences

Television

Hispanics of all ages prefer television over any other media. Hispanic adult 50+ audiences are more likely than non-Hispanics to choose television over radio, newspapers, and magazines. Hispanic Adults 50+ watch television an average of 15.25 hours per week.

There are two major television networks broadcasting in Spanish language – Univision and Telemundo. In the five major Hispanic markets, California, Chicago, Texas, Miami, and New York, 60 percent of Hispanic adults 50+ who spend time with Spanish-language television prefer Univision over Telemundo. Only 30 percent of Hispanics in all age categories watch no Spanish language television. This demo can be reached through English language television in each market.

Newspaper

Newspaper coverage is measured by the number of copies sold or distributed. This is “circulation.” Currently, no source for the tracking of newspaper readership data exists. We must rely on circulation numbers reported from each newspaper. Newspaper circulation is defined in households and not individuals, so we can estimate that all circulation figures indicate potential exposure, and not actual exposure.

In reviewing the radio and television coverage for the 55+ Hispanic in the designated markets, we conclude that this target market watches television and listens to radio much more frequently than they read newspapers. In planning a media buy for the Hispanic 55+, we would probably only choose those publications that are specifically targeted to the senior, if we decided to use print at all. The other choice would be to place an ad in as many publications in each area as possible to increase coverage. This is sometimes not economically feasible.

Radio

Radio is listened to by Hispanic audiences approximately 13 percent more than the general population, an average of 28-30 hours per week.

References

American Association of Retired Persons Minority Affairs Initiative (1987). *A Portrait of Older Minorities*. Washington, DC: AARP.

Barresi, C. (1987). "Ethnic Aging and the Life Course." D. Gelfand and C. Barresi (Eds.), *Ethnic Dimensions of Aging* (pp. 18-34). New York: Springer.

Becerra, R. (1983). "The Mexican American: Aging in a Changing Culture." R.L. McNeely and J.N. Colen, *Aging in Minority Groups*. Beverly Hills: Sage.

Becerra, R.M. (1984). *The Hispanic Elderly*. Lanham, MD: University Press of America.

Cuellar, J. (1990). *Aging and Health: Hispanic American Elders*. Stanford, CA: Stanford Geriatric Education Center.

Cuellar, J. (1990). "Hispanic American Aging: Geriatric Education Curriculum Development for Selected Health Professionals." M.S. Harper (Ed.), *Minority Aging: Essential Curricula Content for Selected Health and Allied Health Professions* (pp. 365-414). Health Resources and Services Administration, Department of Health and Human Services. DHHS Publication No. HRS (P-DV-90-4). Washington, DC: U.S. Government Printing Office.

Hendricks, J., & Hendricks, C.D. (1986). *Aging in Mass Society: Myths and Realities*. Boston: Little, Brown and Co.

Lacayo, C.G. (1984). "Hispanics." E.B. Palmore (Ed.), *Handbook on the Aged in the United States*. Westport, CT: Greenwood Press.

Manuel, R., & Reid, J. (1982). "A Comparative Demographic Profile of the Minority and Nonminority Aged." R. Manuel (Ed.), *Minority Aging: Sociological and Psychological Issues*. Westport, CT: Greenwood Press.

Market Segment Resource & Consulting, Inc., The MSR&C Ethnic Market Report, 1996

Markides, K.S. (1983). "Minority Aging." M. White Riley, B.B. Hess and K. Bond (Eds.), *Aging in Society*. Hillsdale, NJ: Lawrence Erlbaum Associates.

Markides, K.S., & Martin, H.W. (1983). *Older Mexican Americans: A Study in an Urban Barrio*. Austin, TX: University of Texas Press.

Queralt, M. (1983). "The Elderly of Cuban Origin: Characteristics and Problems." R.L. McNeely and J.N. Colen, *Aging in Minority Groups*. Beverly Hills: Sage.

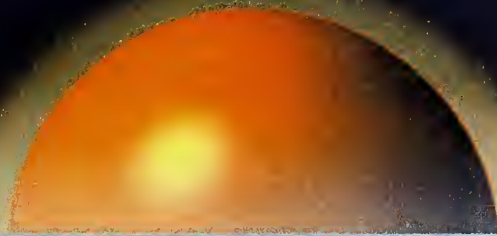
Sanchez-Ayendez, M. (1991). "Puerto Rican Elderly Women: Shared Meanings and Informal Supportive Networks." M. Hutter (Ed.), *The Family Experience: A Reader in Cultural Diversity*. New York: MacMillan.

U.S. Bureau of the Census, Current Population Survey, March 2000.

Watson, W.H. (1982). *Aging and Social Behavior: An Introduction to Social Gerontology*. Monterey, CA: Wadsworth Health Services Division.

THE HELIX GROUP, INC.

Targeting African American Medicare Beneficiaries



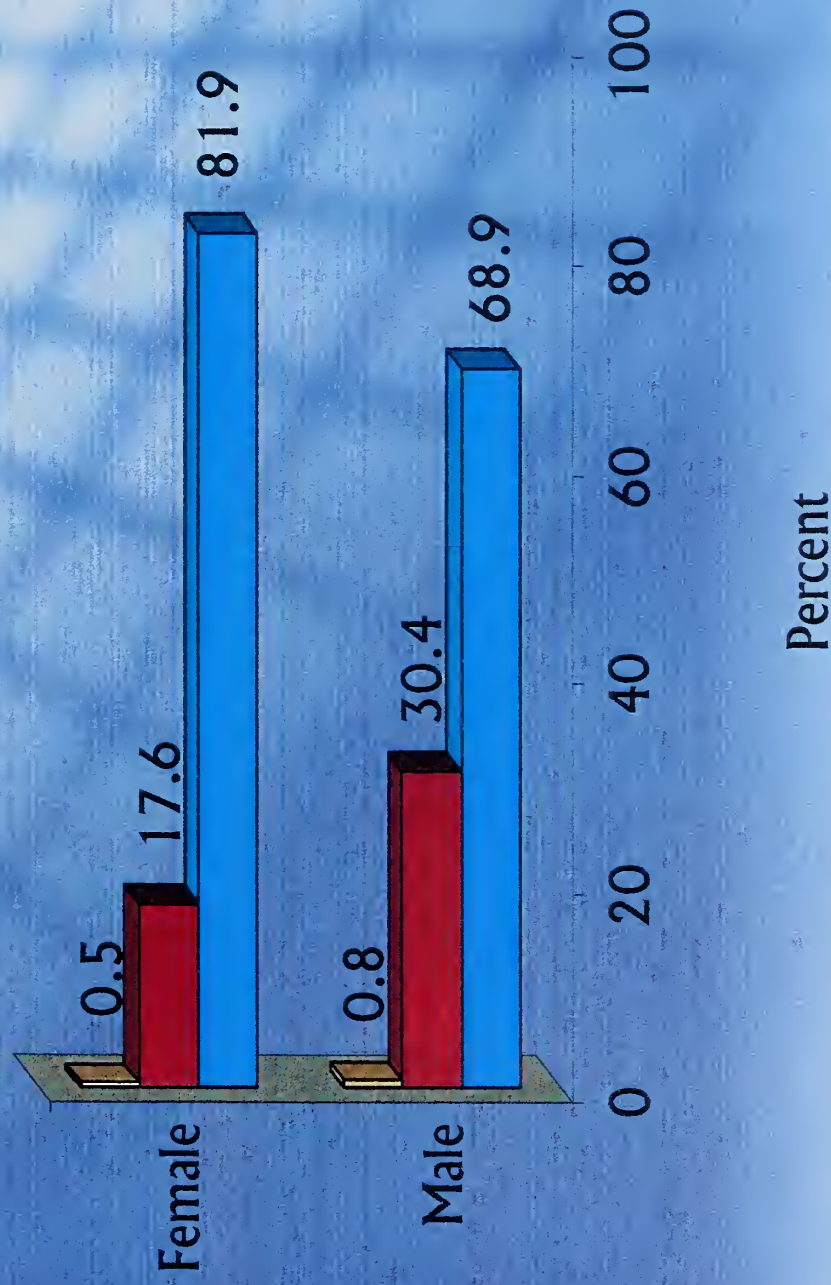
HCEA
Health Care Financing Administration

THE
HELIX
GROUP
INC.

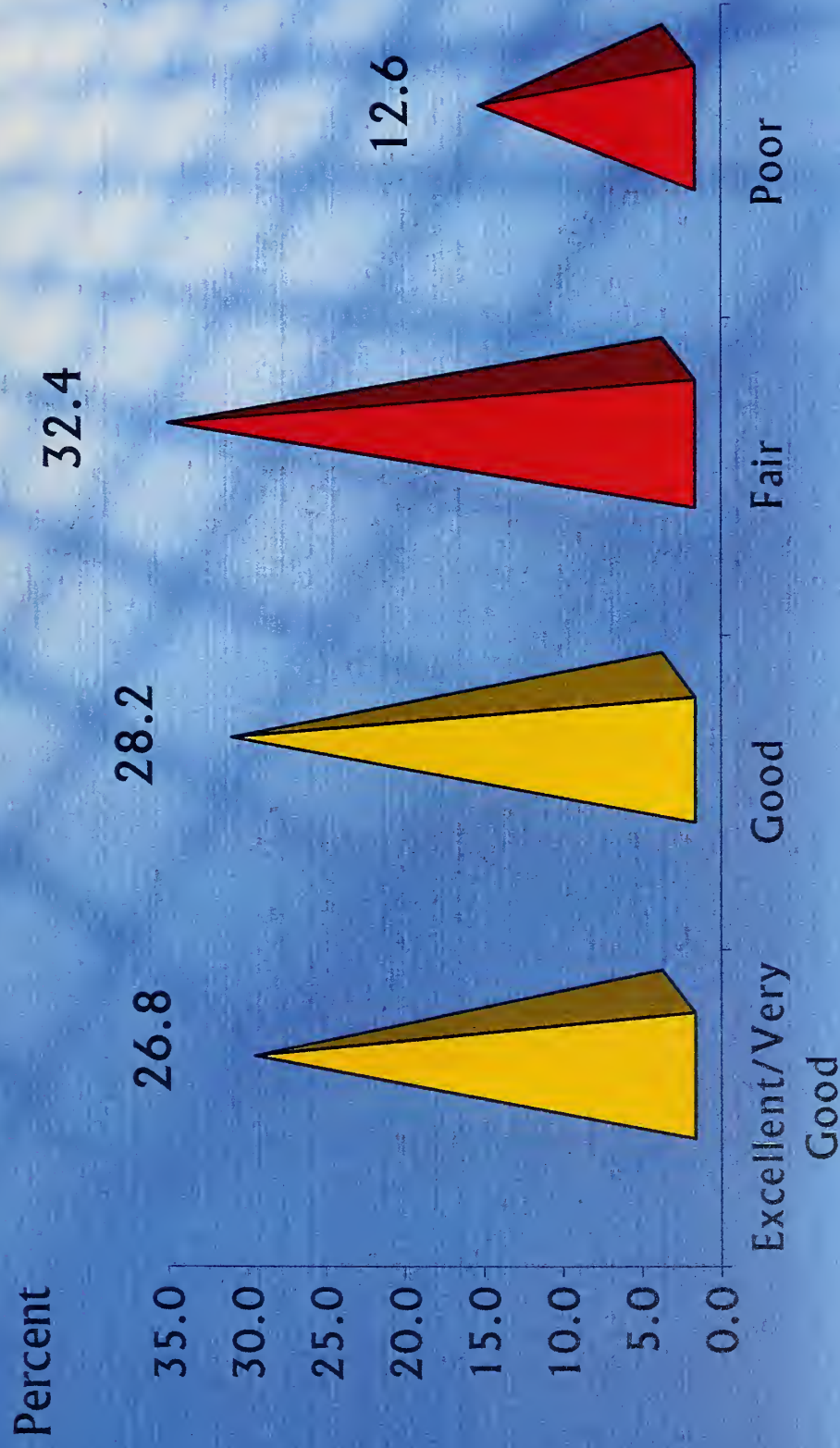
African Americans 65+ Overview

- **3.26 Million**
- **Projected to Increase**
- **Majority Live in the South (except Michigan)**
- **Two Thirds are Young Old (65-74 Years Old)**

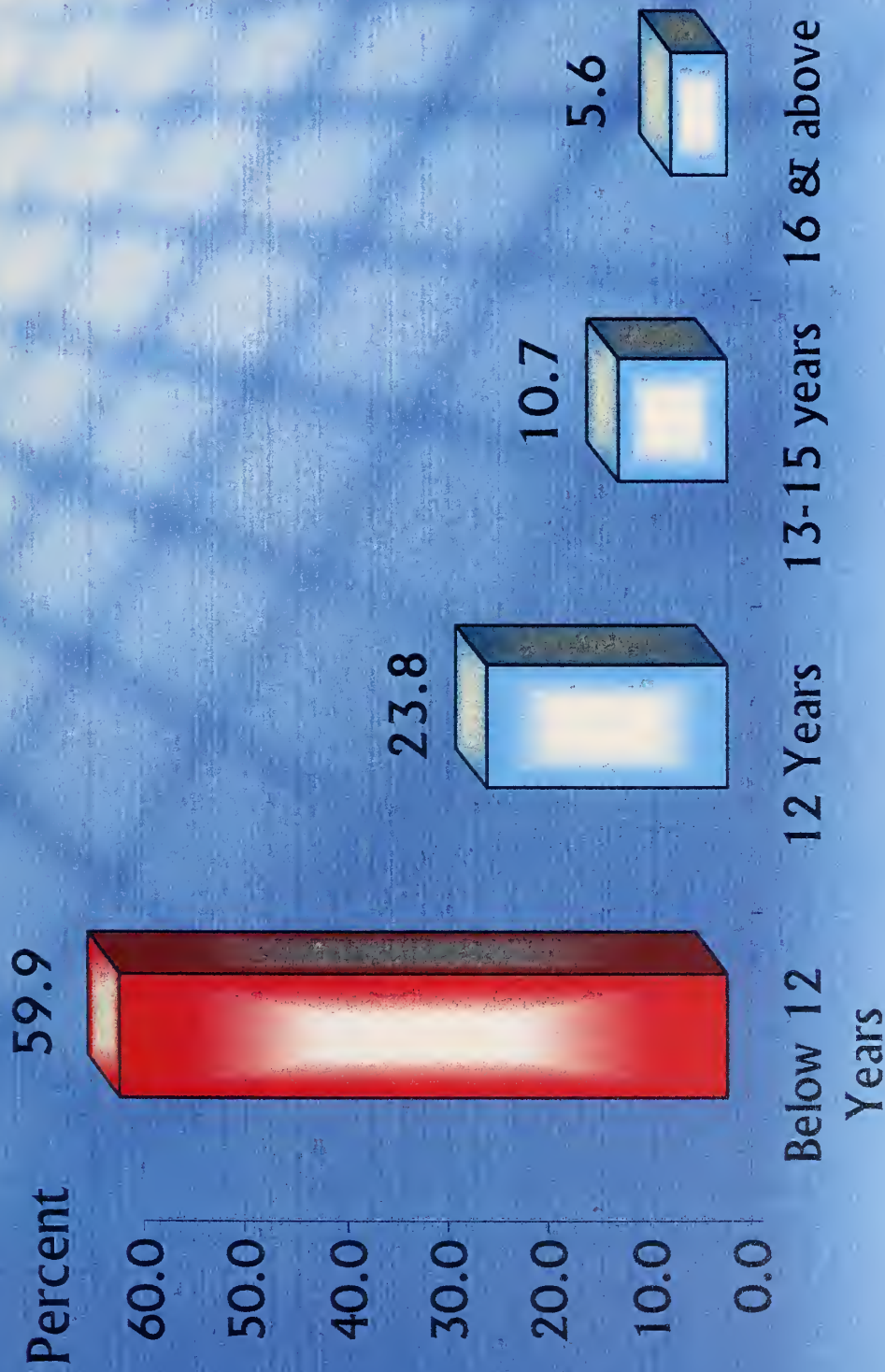
■ Aged ■ Disabled ■ ESRD



Medicare Status by Gender (MCBS 1998)

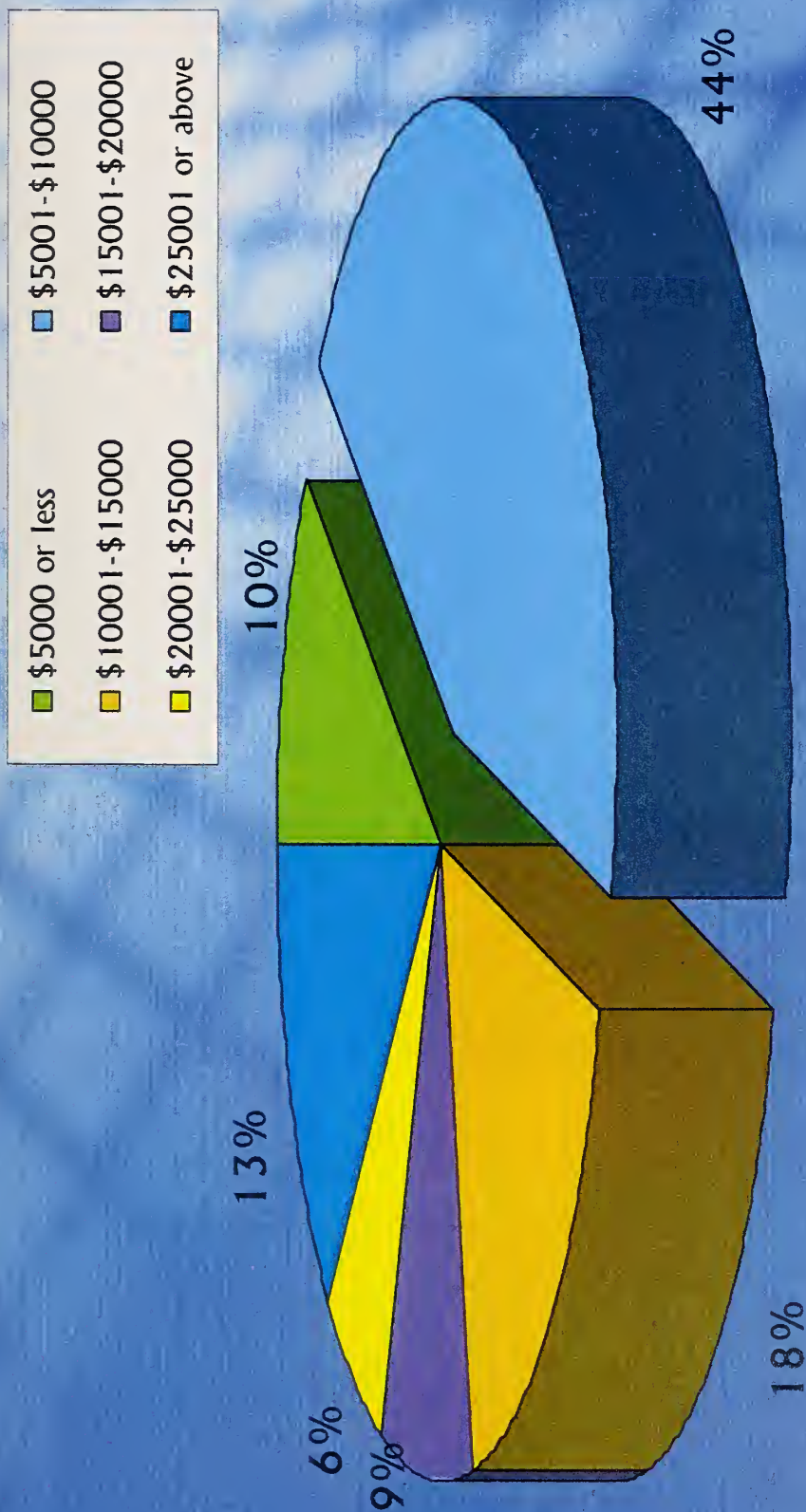


Health Status (MCBS 1998)

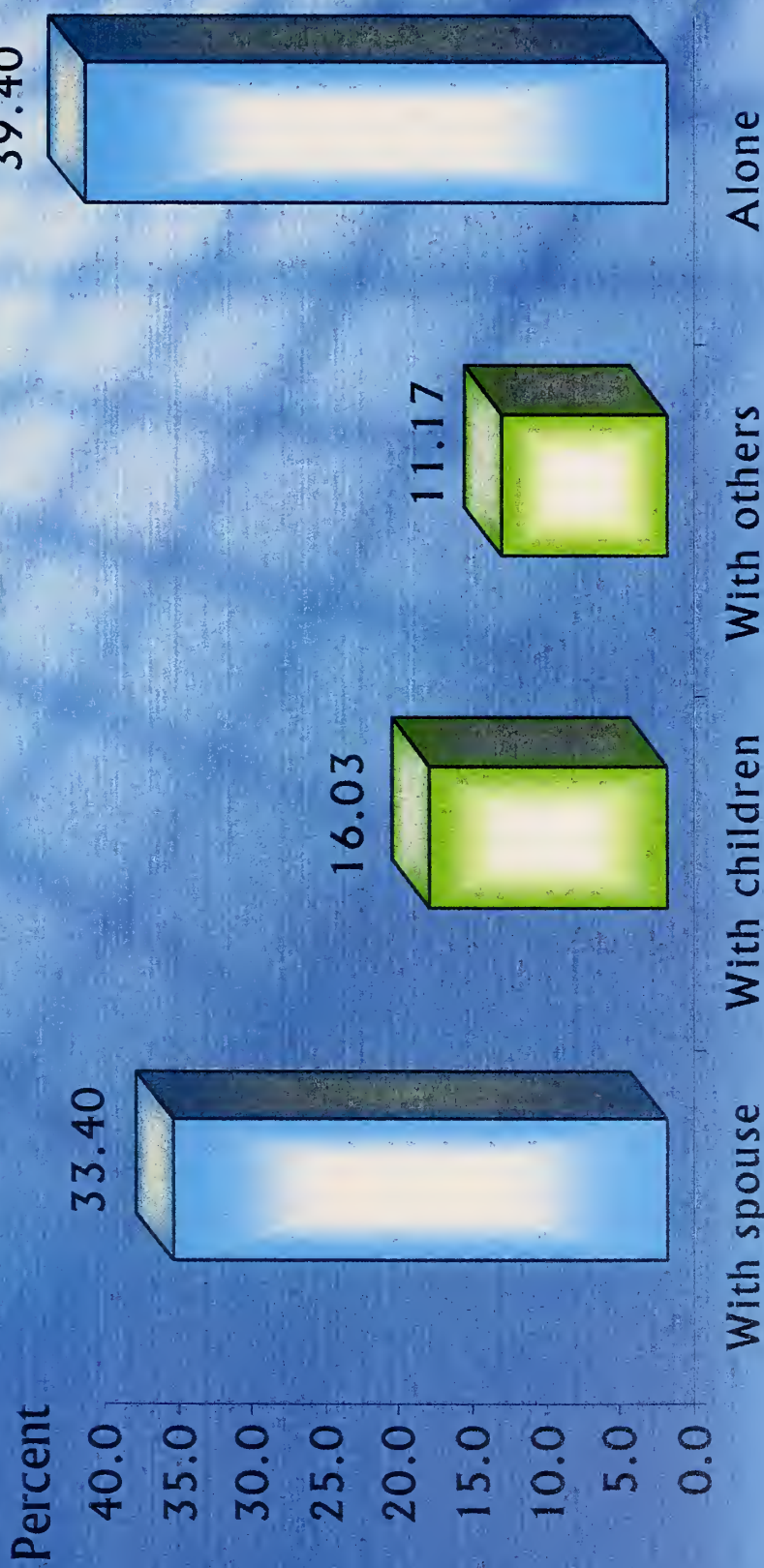


Educational Level (MCBS 1998)

Income (MCBS 1998)



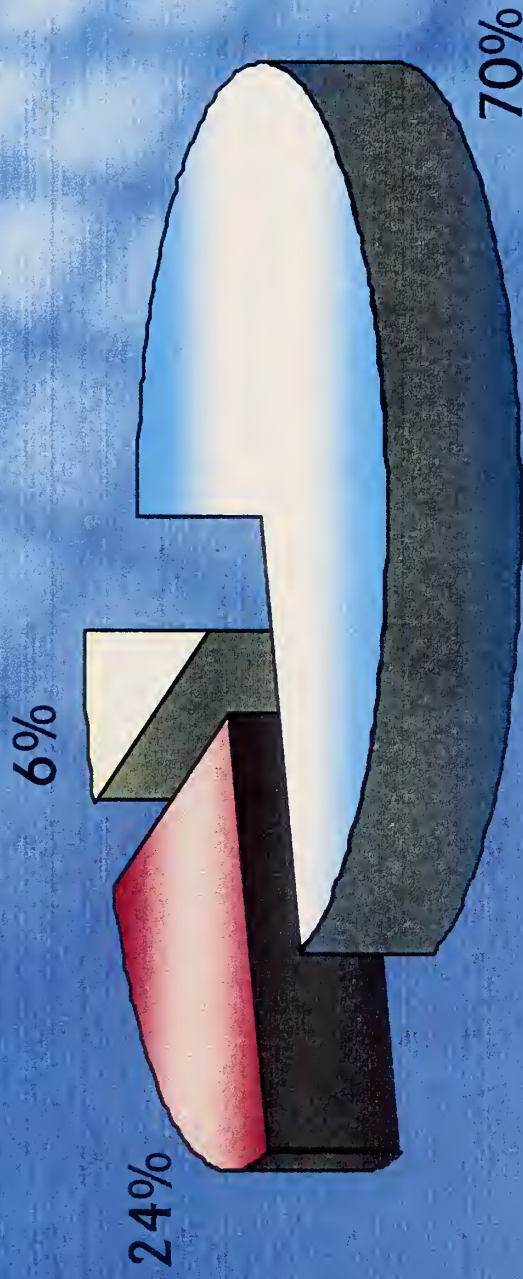
□ With spouse □ With children □ With others □ Alone



Living Arrangements (MCBS 1998)



☐ Makes Own ☒ Gets Help ☐ Someone Makes



Decision Making about Health Insurance
(MCBS 1998)

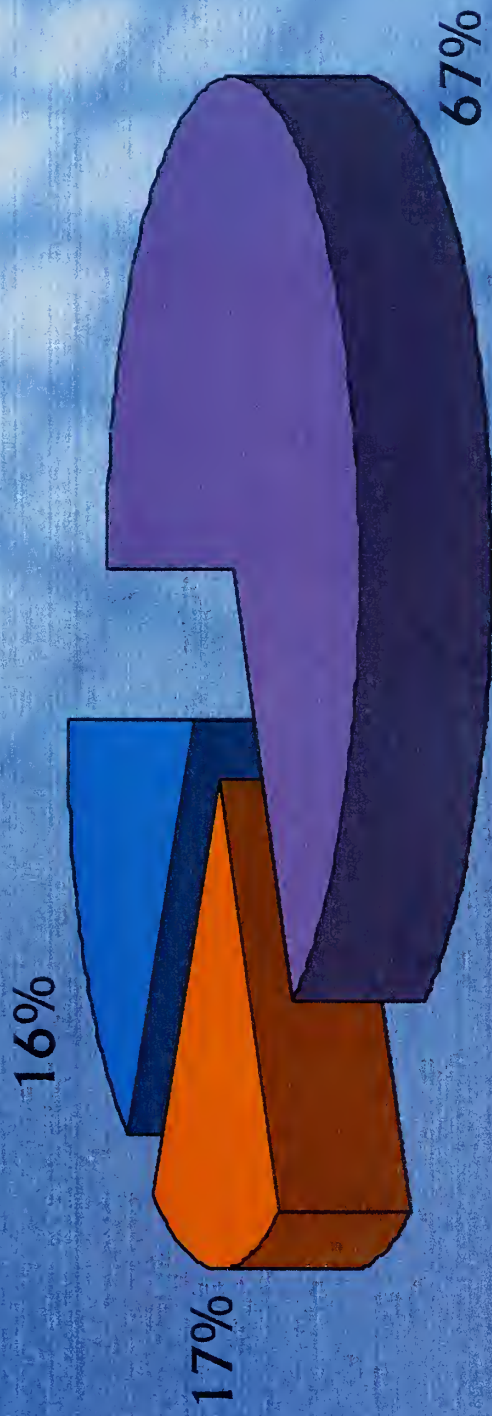
■ Almost None ■ Know Some ■ Know Most



Knowledge Level of Medicare Services (MCBS 1998)

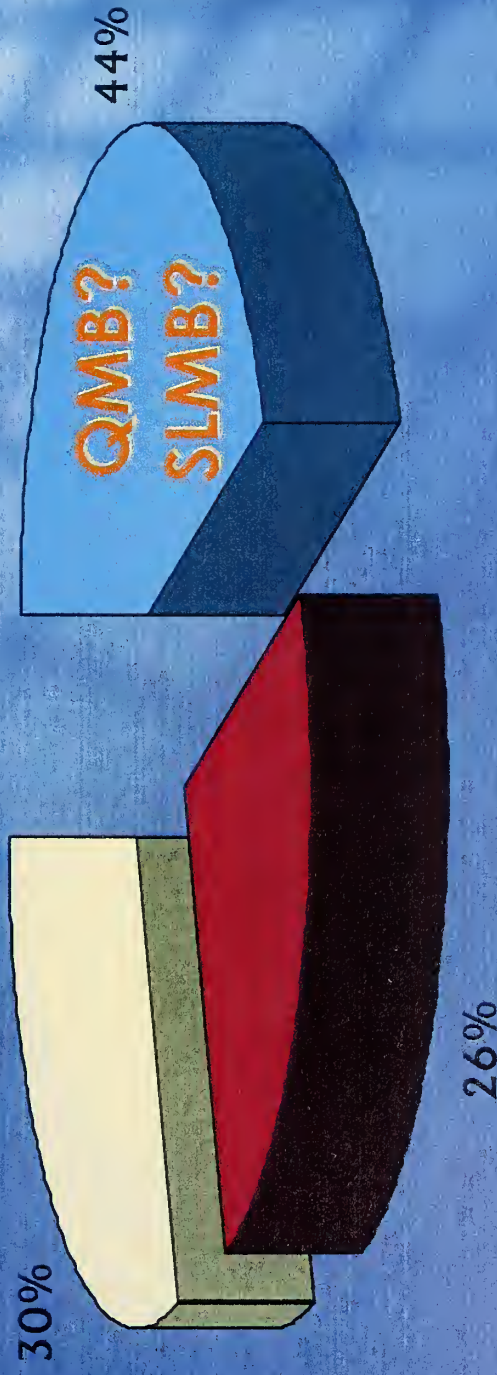


■ Almost None ■ Know Some ■ Know Most



Knowledge of Medicare Managed Care Plans (MCBS 1998)

Low Medium High



Understanding of Medicare Programs (MCBS 1998)

Mostly False
Neither
Mostly True



Learn About Medicare Through Experience
(MCBS 1998)

Targeting American Indian and Alaskan Native Medicare Beneficiaries



Health Care Financing Administration

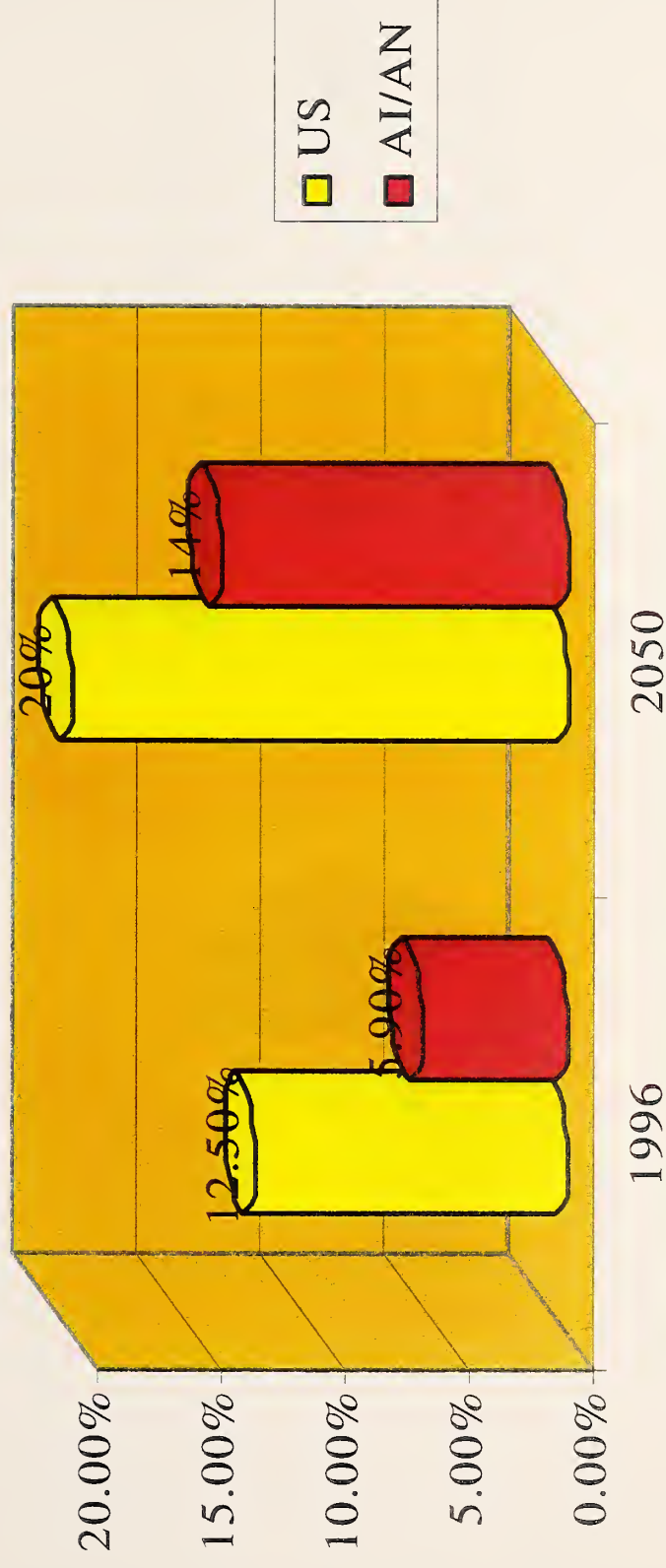
Facts About American Indians/Alaska Natives (AI/ANs)

- Only 2/3 of the Medicare-eligible beneficiaries access the Medicare Program¹
- >50% of all elders lived in Oklahoma, California, Arizona, New Mexico, and North Carolina in 1990¹
- They speak ≥ 200 languages in North America resulting in linguistic isolation¹
- General mortality statistics were higher than those for US all races in 1993²

Source: ¹ NIOA American Indian and Alaska Native Demographic Report, 1999.

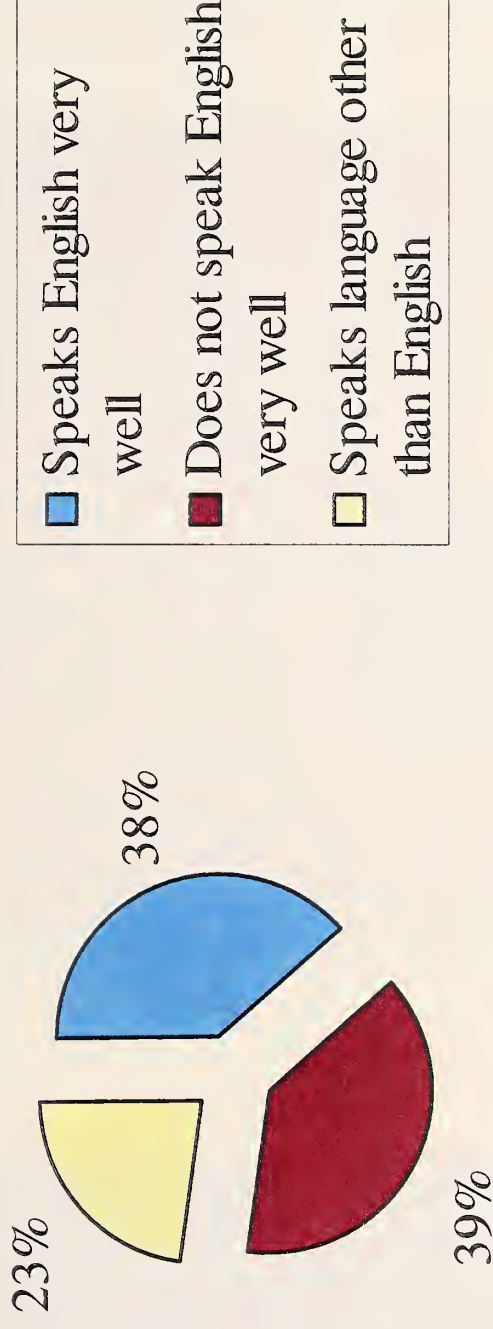
²Indian Health Service, 1997 Trends in Indian Health.

Population Growth Between All Races in the US ≥ 65 and AI/ANs ≥ 65



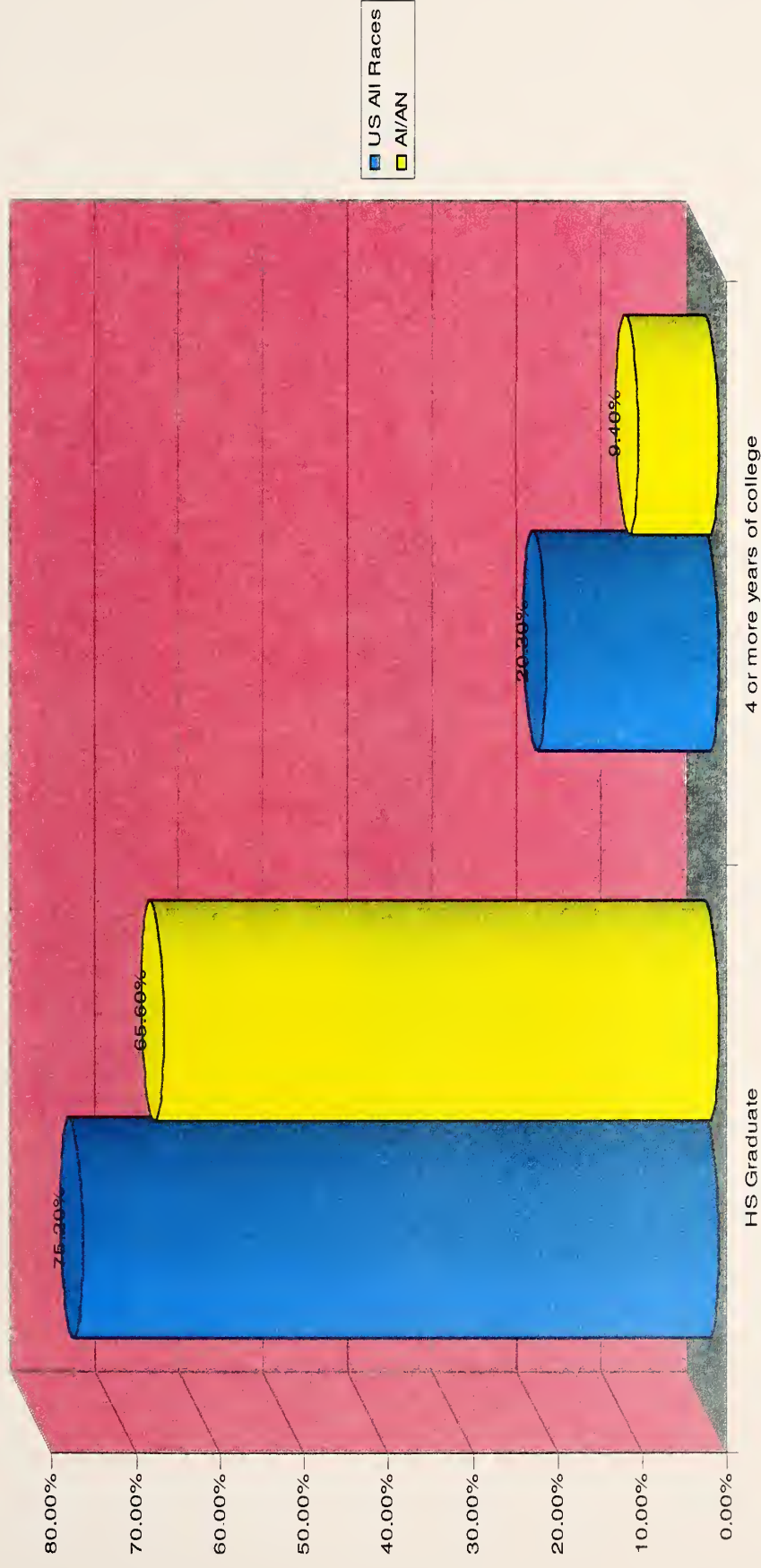
Source: US Bureau of Census, 1990 Census of Population; 1997 Population Profile of the United States.

AI/ANs ≥ 5 years of age Ability to Speak English



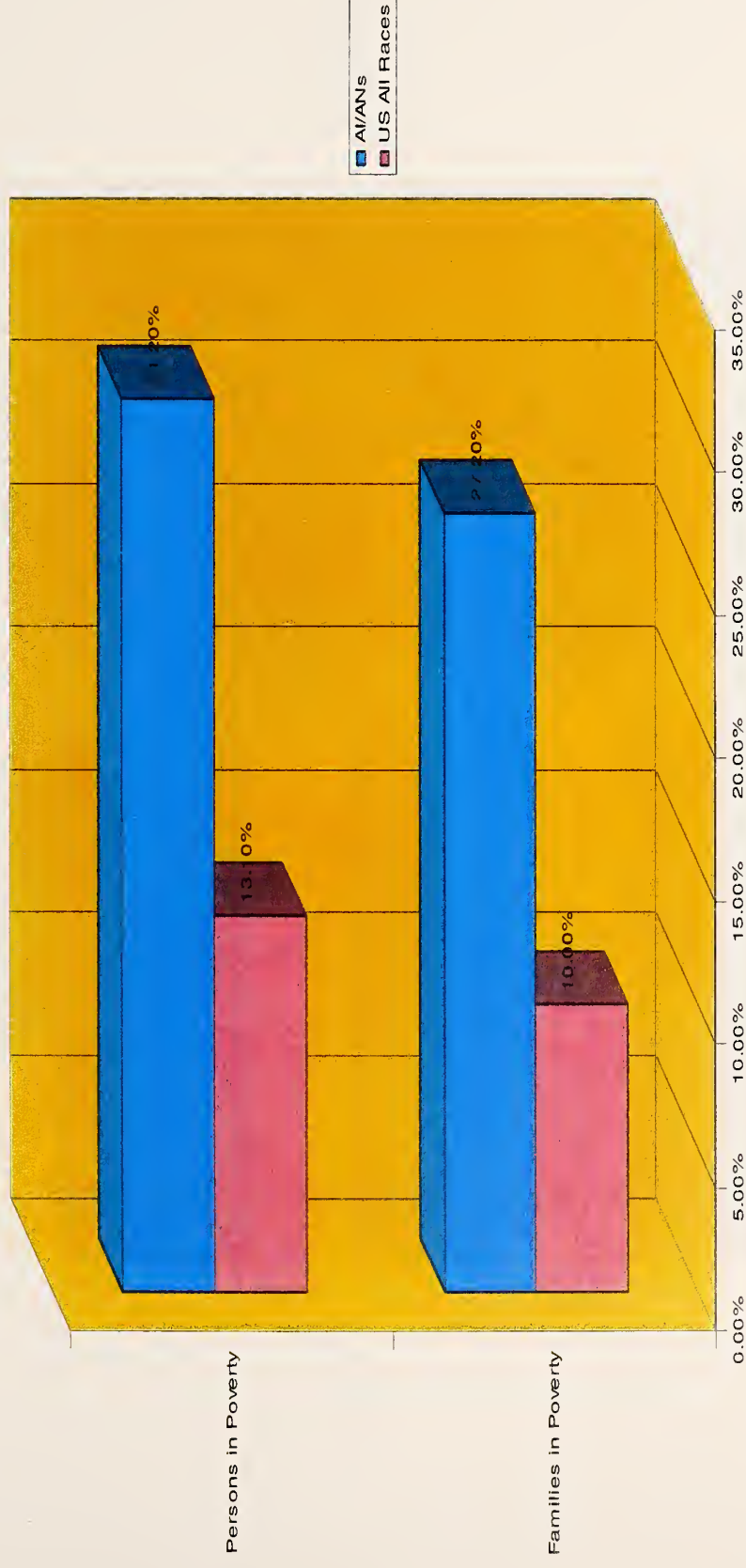
Source: US Bureau of Census, 1990 Census Population.

Percentage of Educational Attainment Between US All Races and AI/AN (25 Largest Tribes) ≥ 25 years of age



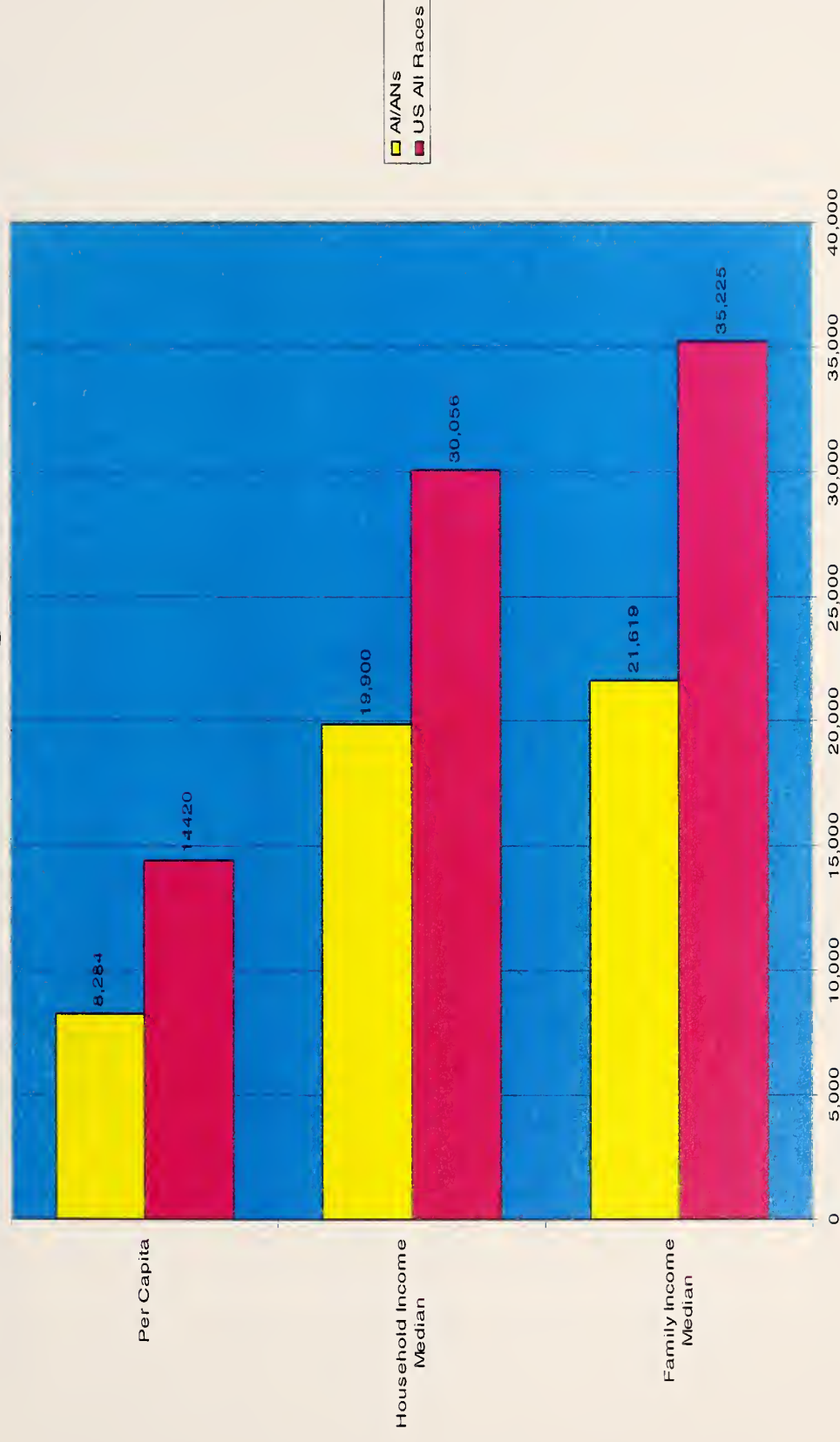
Source: U.S. Bureau of Census, 1990 Census Population.

Percentage of Poverty Between the US All Races and AI/ANs (25 Largest Tribes)



Source: US Bureau of Census, 1990 Census Population.

Comparison of Income Between US and AI/ANs (25 Largest Tribes)



Source: US Bureau of Census, 1990 Census Population.

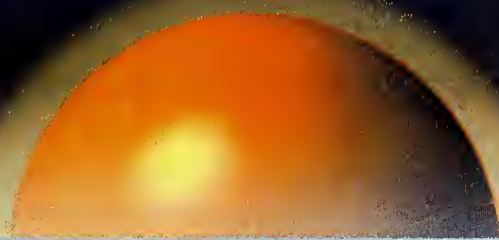
IHS Service Area General Mortality Statistics Higher for AI/ANs than US All Races (1992-1994)

- Alcoholism -- 579% greater
- Tuberculosis -- 475% greater
- Diabetes Mellitus -- 231% greater
- Accidents -- 212% greater
- Suicide -- 70% greater
- Pneumonia and Influenza -- 61% greater
- Homicide -- 41% greater

Source: Indian Health Service, 1997 Trends in Indian Health.

MAGNA SYSTEMS, INC.

Targeting Asian American and Pacific Islander Medicare Beneficiaries



HCA
Health Care Financing Administration

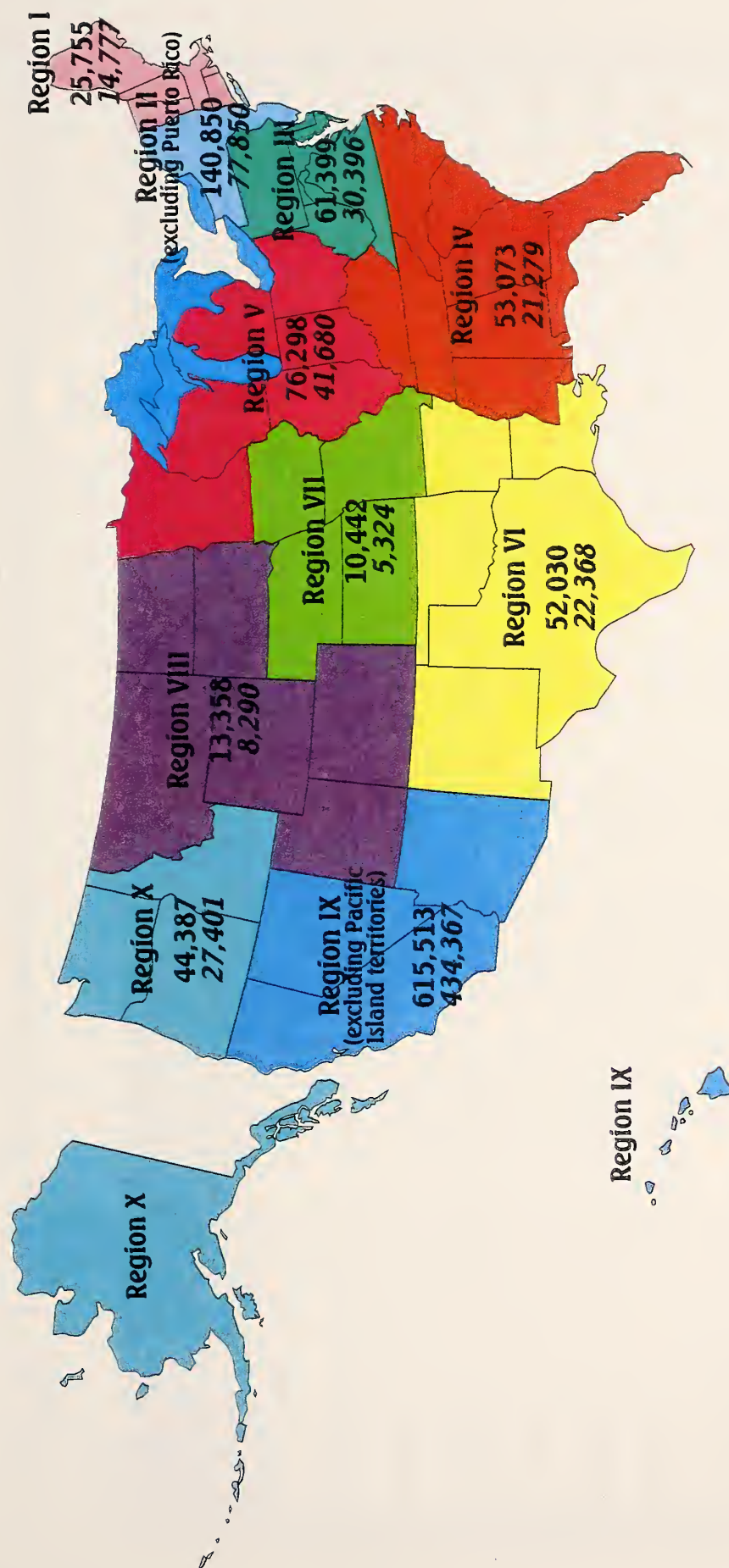
MAGNA
Systems Incorporated

Asian American and Pacific Islander Demographic Overview

- ❑ The Asian American and Pacific Islander (AAPI) population is dramatically increasing: from roughly 1.5 million in 1970 to between 10 and 11 million in 2000.
- ❑ The AAPI population of Americans over 60 years old is also growing rapidly: an estimated 65% increase since 1990 from .75 million to approximately 1.2 million in 2000 (Exhibit 1).
- ❑ 70% of the over 60 year-old AAPI population live in 10 metropolitan areas (Exhibit 12); half live in HCFA Region IX (Exhibit 1).
- ❑ As recently as 1990, nearly all AAPI elderly in the U.S. lived in a few "central city" counties (e.g., San Francisco, CA, Cook County, IL). Although the elderly AAPI population in these counties continues to grow rapidly, the growth rate is even more rapid in such close-in suburbs as Nassau County, NY; Orange County, CA (Exhibit 13).
- ❑ AAPI tend to be significantly less likely than other U.S. residents to use health care services (Exhibit 14). Their economic status is comparable to other Americans; only Southeast Asian immigrants are significantly more likely than other Americans to experience poverty in this country (Exhibit 15).
- ❑ AAPI communities are ethnically and linguistically diverse (Exhibit 16). Most AAPI elderly in the U.S. today are associated with one of three ethnic groups long-established in this country: Japanese, Chinese, and Filipino (Exhibit 17).
- ❑ AAPI adults are twice as likely as other Americans to have fewer than 6 years of formal schooling. Adult Pacific Islanders and refugees from Cambodia and Laos are significantly less likely than other Americans to be college graduates. The persistent effect of past immigration restrictions contributes to high levels of education among other adult AAPI (although many were not educated in English-language institutions).

AAPI Population 60 Years and Older by HCFA Region, 1990 and 1998

(Source U.S. Bureau of the Census, 1998)



□ Although the elderly AAPI population has increased dramatically in several regions, more than half of all elderly AAPI still live in Region IX.

* 1990 totals in italics

AAPI Population by Age Group, Gender, and Nativity, 1998

(Source: U.S. Census Bureau, Population Estimates Program, Quarterly, National Residence Population Files, July 1998)

- ☐ Although most people think of elderly AAPI as immigrants, more than one-fourth of AAPI aged 65-to-74 years were born in the U.S. or its territories.

AGE	NATIVE-BORN AAPI*			FOREIGN-BORN AAPI			ALL AAPI		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Under 45 Years	1,839,207	1,768,975	3,608,182	1,999,842	2,155,124	4,155,282	3,839,049	3,924,099	7,763,464
45-64 Years	144,506	139,764	284,270	794,202	935,704	1,729,906	938,708	1,075,468	2,014,185
65-69 Years	22,781	25,062	47,843	84,449	127,603	212,052	107,230	152,665	259,895
70-74 Years	24,356	27,482	51,838	62,591	94,463	157,054	86,947	121,945	208,892
75-79 Years	18,503	22,123	40,626	43,602	61,570	105,172	62,105	83,963	145,798
80-84 Years	10,365	12,285	22,650	24,060	33,494	57,554	34,425	45,779	80,204
85-89 Years	3,620	5,318	8,938	12,952	17,538	30,490	16,572	22,856	39,428
90 Years and Older	1,445	3,004	4,449	7,751	10,998	18,749	9,196	14,002	23,198
TOTAL	2,064,783	2,004,013	4,068,796	3,029,449	3,436,494	6,466,259	5,094,232	5,440,777	10,535,064

*Does not include approximately 30,000 Filipinos born when the Philippines was a U.S. territory (1901-1946)

Comparative Health Insurance Coverage, 1998

(Source: U.S. Census Bureau Study of Health Insurance Coverage, 1998)

- ❑ "Uninsured" defined as persons without health insurance, including Medicaid or Medicare, for the entire year in 1998 (number in thousands). Note that low-income AAPI are more likely to be uninsured than either low-income white, non-Hispanic, or African-Americans; among residents above the poverty line, AAPI and African-Americans are two times as likely as white, non-Hispanics to have no health insurance.

Race/Hispanic Origin	ALL PEOPLE			PEOPLE ABOVE POVERTY LINE			POOR PEOPLE		
	Est. Total	Uninsured Number	Uninsured Percent	Est. Total	Uninsured Number	Uninsured Percent	Est. Total	Uninsured Number	Uninsured Percent
White, Non-Hispanic	193,074	22,890	11.9	177,275	18,382	10.4	15,799	4,508	28.5
AAPI	10,897	2,301	21.1	9,537	1,592	19.5	1,360	439	32.3
African American	35,070	7,797	22.2	25,979	5,175	19.9	9,091	2,622	28.8
Hispanic	31,689	11,196	35.3	23,619	7,643	33.2	8,070	3,553	44.0

70% of the Over 60 Year-Old AAPI Populations are Concentrated in 10 Metropolitan Areas

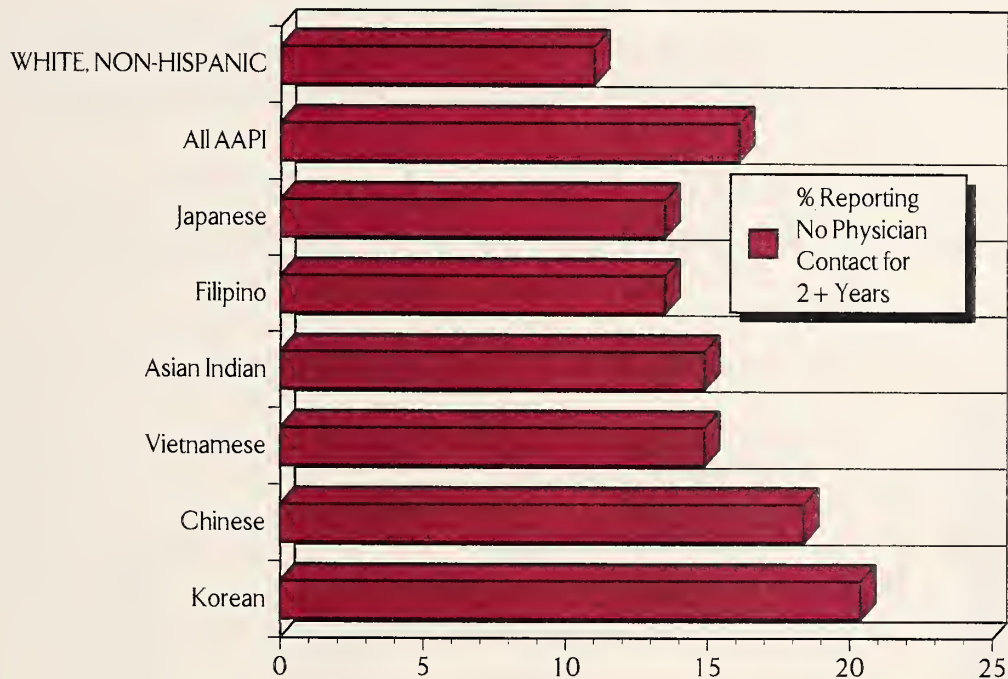
(Source: U.S. Bureau of the Census, 1998)

Area and Counties	Est. Number of +60-year-old AAPI - 1998 (% of total +60 AAPI)	Largest AAPI Groups
Los Angeles/Anaheim Area	199,179 (18.6%)	Chinese, Japanese, Filipino, Korean, Southeast Asian
San Francisco Bay Area	150,824 (14.1%)	Chinese, Filipino, Southeast Asian
New York City Area	116,304 (10.8%)	Chinese, Asian Indian, Japanese, Korean, Filipino
Honolulu County (Oahu)	110,163 (10.3%)	Japanese, Filipino, Native Hawaiian
Sacramento Area	36,086 (3.4%)	Filipino, Chinese, Japanese, Asian Indian (in San Joaquin valley rural areas)
Chicago Area	34,560 (3.2%)	Filipino, Asian Indian, Chinese
San Diego (San Diego County)	28,743 (2.7%)	Filipino
Washington, DC Area	28,144 (2.7%)	Chinese, Korean, Asian Indian, Southeast Asian, Filipino
Seattle Area	26,751 (2.4%)	Japanese, Filipino, Chinese, Korean
Houston Area	19,265 (1.8%)	Chinese, Southeast Asian, Asian Indian

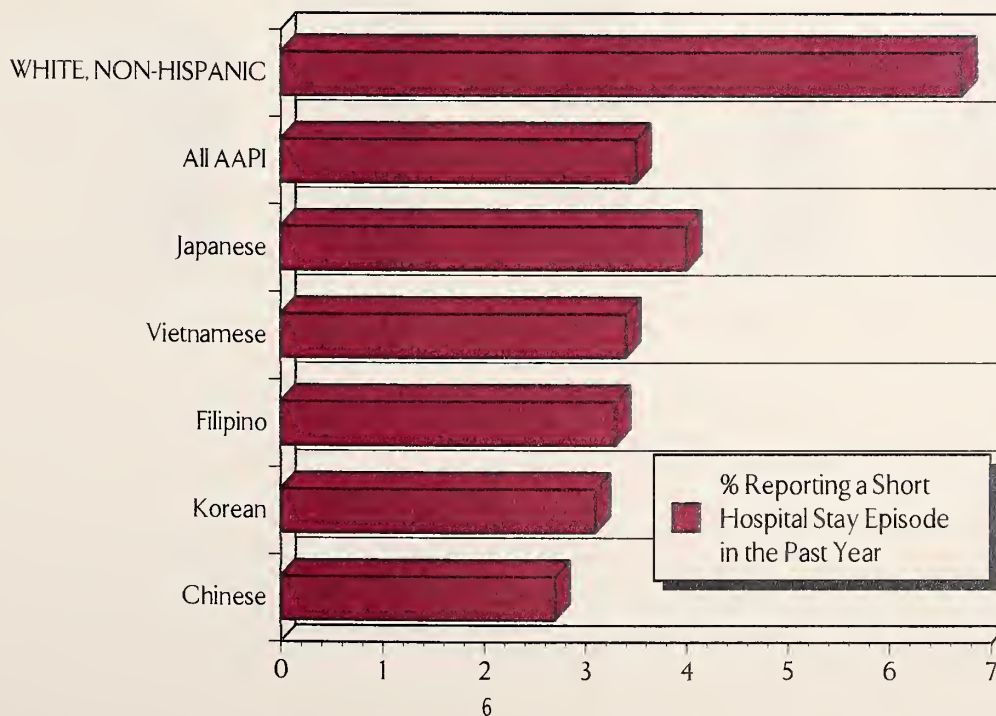
Health Care Indicators for AAPI Subgroups, 1992-94

(Source: CDC, National Health Interview Survey, 1992-94)

- Age-adjusted data indicate that AAPI are much more likely than white, non-Hispanic Americans to report no recent physician contact.



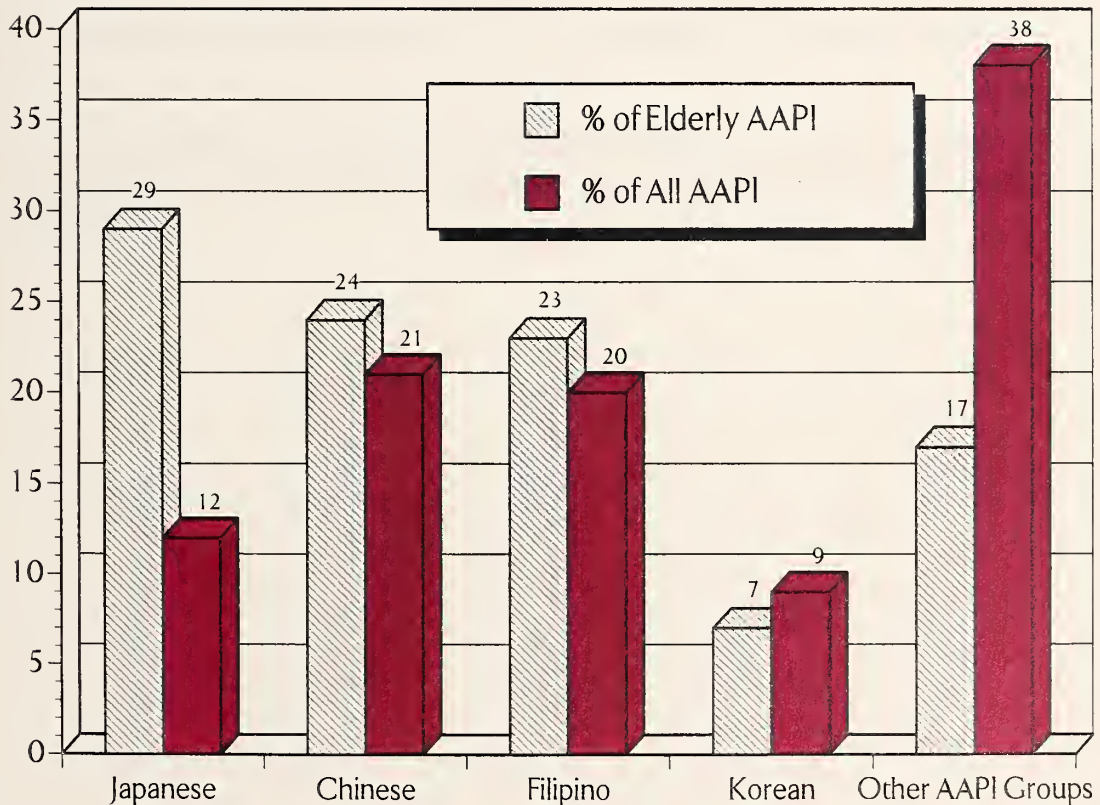
- Age-adjusted data indicate that AAPI are much less likely than white, non-Hispanic Americans to be admitted to a hospital.



Elderly AAPI Are Less Ethnically Diverse than the AAPI Population in General, 1993

(Source: U.S. Bureau of the Census (1993) *U.S. Residents of Asian and Pacific Island (AAPI) Ancestry, 1993*)

- ❑ In 1993, over three-fourths of all elderly AAPI in the U.S. were associated with one of three ethnic groups: Japanese (29%), Filipino (23%), and Chinese (24%).
- ❑ Roughly 40% of elderly AAPI residents were born in the U.S. or in areas which were U.S. territories at the time of their birth, including Hawaii, Guam, Samoa, and the Philippines.



ASIAN INDIAN

- ❑ Estimated at 36,000 over 65 years old; 1.2 million total.
- ❑ Highly dispersed, largely suburban population. Population tends to be divided between college-educated professionals and business people, and immigrants with very limited formal education.
- ❑ Asian Indians are linguistically diverse; many use Hindi as either a primary or secondary language and 85% reportedly are bilingual in English.
- ❑ Annual legal immigration from India to the U.S. averaged 38,000 in 1995-98.
- ❑ Long-established rural population (approximately 20,000 in 1990) in California's San Joaquin Valley; there may be as many as 3,000 elderly Asian Indians in this region.

CHINESE

- ❑ Estimated at 230,000 over 65 years old; 2.1 million total population.
- ❑ 43% of elderly Chinese live in the Oakland/San Francisco, Los Angeles/Anaheim, and New York metropolitan areas. Most large cities have significant Chinese populations in the "central city" and close-in suburbs.
- ❑ Chinese are linguistically diverse in their spoken language (e.g., Mandarin, Hakka, Yue, Jinyu, Min Nan), but use common written languages.
- ❑ In the 1990 Census, approximately one million foreign-born Chinese residents reported speaking Chinese at home, making Chinese the second most-widely spoken 'foreign' language in the U.S. (after Spanish).

FILIPINO

- ☐ Estimated at 1 45,000 over 65 years old; 2 million total population.
- ☐ More than half of the elderly Filipino population live in California and Hawaii; a significant percentage in those states live in rural areas.
- ☐ Filipinos are linguistically diverse. Tagalog, Cebuano, Ilocano, and Hiligaynon are the most important primary languages among Filipinos in the U.S.
- ☐ Annual legal immigration of Filipinos to the U.S. averaged nearly 50,000 in 1995-98, ranking second after immigration from Mexico.
- ☐ Filipinos may self-identify as Filipino or Hispanic rather than AAPI. Spanish is widely understood among educated Filipinos and is used as a primary language by a small percentage of the population.
- ☐ The Philippines are a former U.S. colony. All Filipinos between the ages of 60 and 100 years were born on U.S. territory and most speak English as a second language.

JAPANESE

- ☐ Estimated at 165,000 over 65 years old; slightly over 1 million total population.
- ☐ 55% of Japanese over 65 years old live in Hawaii and the Los Angeles/Anaheim area.\
- ☐ Fewer than 10,000 Japanese immigrate to the U.S. annually.
- ☐ In the 1990 U.S. census, fewer than 250,000 foreign-born adults of the Japanese community reported speaking Japanese at home; most of the population is either bilingual or monolingual in English.

KOREAN

- ☐ Estimated at 48,000 over 65 years old; 1.05 million total population.
- ☐ The Korean elderly population is widely dispersed. The Los Angeles metropolitan area is home to the largest concentration (11,500 or 24%); most large East and West Coast cities have significant Korean populations in close-in suburbs.
- ☐ Approximately 51% of elderly Koreans in the U.S. live in the state of Hawaii and four metropolitan areas: Los Angeles/Anaheim, New York, San Francisco, and Washington, DC.
- ☐ Koreans appear more likely than members of other Asian groups in the U.S. to have limited English proficiency; a 1989 survey in Chicago indicated that over 90% of the Korean population had little or no English speaking skills (Rhee 1989).
- ☐ Survey data indicate that Koreans in America, as a group, are less likely than other AAPI to use Western health care providers.

PACIFIC ISLANDER

- ❑ Estimated 40,000 over 65 years old; 600,000 total population.
- ❑ Honolulu, Los Angeles, and San Diego are the major urban population centers for Pacific Islanders in the U.S.; few Pacific Islander elderly, however, reside on the U.S. mainland.
- ❑ Tongans appear to be the largest immigrant Pacific Islander population in the U.S. (exclusive of Filipinos).
- ❑ Although each island group has one or more unique languages, populations in U.S. territories tend to be bilingual in English. Native Hawaiians in general do not speak Hawaiian fluently.
- ❑ The population of the Northern Marianas has doubled during the past decade, reflecting massive immigration from China and the Philippines. This immigration is radically altering the ethnic composition of the Northern Marianas.

Vietnamese

- ❑ Estimated at 32,000 over 65 years old; 1.2 million total population.
- ❑ Initially widely dispersed but through internal migration concentrated in California, Texas, and the Washington metropolitan area. It is anticipated that Texas and California will each become home to approximately one-third of the Vietnamese population during the next few years.
- ❑ Vietnamese and other Southeast Asian immigrants include an unusually small percentage of elderly (approximately 2.7% over 65 years old).
- ❑ Educated Vietnamese born prior to 1936 tend to be bilingual in French or trilingual in English, French, and Vietnamese.
- ❑ Approximately 30% of the Vietnamese in the U.S. are practicing Catholics; the remainder are Buddhists or are not religious.

Bibliography

Bennett, Claudette E. (1992) The Asian and Pacific Islander Population in the United States: March 1991 and 1990, Current Population Reports, Population Characteristics, P20-459, Economics and Statistics Administration, Bureau of the Census, U.S. Department of Commerce. Washington, DC: U.S. Government Printing Office, August 1992.

California Department of Aging. (1998) Table 76. California Projected Population Age 60 and Over for July 1, 1998 by Race and Hispanic Origin for State, Planning and Service Areas (PSAs) and Counties. 1998 Projected Population by Race. Sacramento, CA: California Department of Aging.

Centers for Disease Control and Prevention (1995) National Health Interview Survey, 1992-1994. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control.

Centers for Disease Control and Prevention. (1993) Use of race and ethnicity in public health surveillance. Summary of the CDC/ATSDR workshop. MMWR 42 (No. RR-10).

Hawaii Department of Health (1999) 1998 Hawaii Health Survey of the Hawaii State Department of Health. Honolulu, HA: Hawaii Department of Health.

Colfax, R., and Craig, U-K. (1997) Guam's Aging Work Force and the Impact on Guam's Economy. Unpublished paper disseminated by the University of Guam.

Grimes, B.E., ed. (1996-1999) Ethnologue Languages of the World, 13th edition, html version. Ft. Worth, TX: International Linguistic Center.

Lauderdale, D.S., and Goldberg, J. (1996) The expanded racial and ethnic codes in the Medicare Data Files: Their completeness of coverage and accuracy. American Journal of Public Health 86(5):712-714.

Lauderdale, D.S. and Kestenbaum, B. (1999) Developing surname lists to identify specific Asian American ethnic groups. Presented to the 127th Annual Meeting and Exposition, American Public Health Association, Chicago, IL, November 7.

Lott, J.T. (1997) Demographics of the Asian Pacific American community and their implications for nonprofit organizations. Presented to the Conference on Asian Pacific Americans and the Nonprofit Sector of the Institute for Nonprofit Organization Management, University of San Francisco, San Francisco, June 19.

Rallu, J.L. (1996) Recent trends in international migration and economic development in the South Pacific. *Asia-Pacific Population Journal* 11(2):23-46.

Shinagawa, L.H., and Jang, M. (1998) 'Asian Pacific Americans,' in Shinagawa and Jang, eds., *Atlas of American Diversity*. Walnut Creek, CA: Sage Publications.

Suh, D. (1999) Health policies affecting Asian and Pacific Islanders. Presented to the 127th Annual Meeting and Exposition, American Public Health Association, Chicago, IL, November 9.

Tai-Seale, M. (1999) Demand for mental health services among Chinese Americans. Presented to the 127th Annual Meeting and Exposition, American Public Health Association, Chicago, IL, November 8.

Takeuchi, D.T., Chung, C-Y, and Shen H. (1998) Health insurance coverage among Chinese Americans in Los Angeles County. *American Journal of Public Health* 88(3):451-453.

Tsai, G.I. (1999) The development and validation of an ethnic identity scale: A 'derived etic' approach. Presented to the 127th Annual Meeting and Exposition, American Public Health Association, Chicago, IL, November 7.

Zane, N.W.S., Takeuchi, D.T., and Young, K.N.J., eds. (1994) *Confronting Critical Health Issues of Asian and Pacific Islander Americans*. Thousand Oaks, CA: Sage Publications.

CMS LIBRARY



3 8095 00013242 9